

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

New Trier Democratic Org-Fed

ADDRESS (number and street)

800 Oak

Check if different
than previously
reported. (ACC)

Winnetka

IL

60093

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00422519

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2007

through

03

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Marvin Miller

Signature of Treasurer

Electronically Filed by Marvin Miller

Date

04

08

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
New TrierDemocratic Org-Fed

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		29264.40
(b) Cash on Hand at Beginning of Reporting Period	29264.40	
(c) Total Receipts (from Line 19)	60.00	60.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29324.40	29324.40
7. Total Disbursements (from Line 31)	8511.48	8511.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20812.92	20812.92
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

New TrierDemocratic Org-Fed

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 7

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	60.00	60.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	60.00	60.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡	60.00	60.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	60.00	60.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	60.00	60.00

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	0.00
24. Independent Expenditure (use Schedule E)		8511.48	8511.48
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		8511.48	8511.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		8511.48	8511.48

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	60.00	60.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60.00	60.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AT&T		Date M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address Bill Payment Center		Amount 153.83	
City State Zip Code Saginaw MI 48663-0003		Transaction ID: SE24.5305	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3000.54			
Full Name (Last, First, Middle, Initial) of Payee AT&T		Date M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 7	
Mailing Address Bill Payment Center		Amount 150.08	
City State Zip Code Saginaw MI 48663-0003		Transaction ID: SE24.5319	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4771.67			
(a) SUBTOTAL of Itemized Independent Expenditures		303.91	
(b) SUBTOTAL of Unitemized Independent Expenditures		168.75	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AT&T		Date M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7	
Mailing Address Bill Payment Center		Amount 160.28	
City State Zip Code Saginaw MI 48663-0003		Transaction ID: SE24.5349	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 7693.98			
Full Name (Last, First, Middle, Initial) of Payee Chase Credit Card Services		Date M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address POB 15298		Amount 35.85	
City State Zip Code Wilmington DE 19850-5298		Transaction ID: SE24.5307	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3076.39			
(a) SUBTOTAL of Itemized Independent Expenditures		196.13	
(b) SUBTOTAL of Unitemized Independent Expenditures		168.75	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Chase Credit Card Services		Date M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 7	
Mailing Address POB 15298		Amount 31.70	
City State Zip Code Wilmington DE 19850-5298		Transaction ID: SE24.5320	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4803.37			
Full Name (Last, First, Middle, Initial) of Payee Chase Credit Card Services		Date M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7	
Mailing Address POB 15298		Amount 35.85	
City State Zip Code Wilmington DE 19850-5298		Transaction ID: SE24.5342	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 7198.56			
(a) SUBTOTAL of Itemized Independent Expenditures		67.55	
(b) SUBTOTAL of Unitemized Independent Expenditures		168.75	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee cook Cty Cook Cty Recorder of Deeds		Date M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7	
Mailing Address 118 N Clark;#230		Amount 100.00	
City State Zip Code Chicago IL 60602		Transaction ID: SE24.5317	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4621.59			
Full Name (Last, First, Middle, Initial) of Payee Copy Room		Date M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7	
Mailing Address 815 Dempster		Amount 330.00	
City State Zip Code Evanston IL 60201		Transaction ID: SE24.5294	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 498.75			
(a) SUBTOTAL of Itemized Independent Expenditures		430.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		168.75	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Duographix,Inc		Date M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 1803 Wabansia-B		Amount 40.00	
City State Zip Code Chicago IL 60622		Transaction ID: SE24.5306	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3040.54			
Full Name (Last, First, Middle, Initial) of Payee Duographix,Inc		Date M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 1803 Wabansia-B		Amount 146.25	
City State Zip Code Chicago IL 60622		Transaction ID: SE24.5321	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4949.62			
(a) SUBTOTAL of Itemized Independent Expenditures		186.25	
(b) SUBTOTAL of Unitemized Independent Expenditures		168.75	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 7	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Duographix,Inc		Date M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7	
Mailing Address 1803 Wabansia-B		Amount 63.75	
City State Zip Code Chicago IL 60622		Transaction ID: SE24.5330	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 6187.37			
Full Name (Last, First, Middle, Initial) of Payee Evanston Bond & Mortgage		Date M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7	
Mailing Address 1732 Orington		Amount 1125.00	
City State Zip Code Evanston IL 60201		Transaction ID: SE24.5316	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4521.59			
(a) SUBTOTAL of Itemized Independent Expenditures		1188.75	
(b) SUBTOTAL of Unitemized Independent Expenditures		168.75	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Evanston Bond & Mortgage		Date M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7	
Mailing Address 1732 Orington		Amount 1125.00	
City State Zip Code Evanston IL 60201		Transaction ID: SE24.5327	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 6074.62			
Full Name (Last, First, Middle, Initial) of Payee Friends Friends of Sue Walton		Date M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7	
Mailing Address 1310 N.W. Hwy		Amount 200.00	
City State Zip Code Arlington Hts IL 60004		Transaction ID: SE24.5332	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 6387.37			
(a) SUBTOTAL of Itemized Independent Expenditures		1325.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		168.75	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Glencoe Chamber of Commerce		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 03</div> <div><small>D</small> <small>D</small> 26</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2007</div> </div>	
Mailing Address POB 575		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">150.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Glencoe</div> <div>State IL</div> <div>Zip Code 60022</div> </div>		Transaction ID: SE24.5355	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">8361.48</div>	
Full Name (Last, First, Middle, Initial) of Payee Hinckley & Schmidt		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 01</div> <div><small>D</small> <small>D</small> 13</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2007</div> </div>	
Mailing Address 4170 Tanner Creek Dr		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">47.21</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Flowery Branch</div> <div>State GA</div> <div>Zip Code 30542</div> </div>		Transaction ID: SE24.5304	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2846.71</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">197.21</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">168.75</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 04</div> <div><small>D</small> <small>D</small> 08</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2007</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee IDES III Dept Employment Security		Date M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7	
Mailing Address 1300 So. 9Th St		Amount 24.34	
City Springfield State IL Zip Code 62704		Transaction ID: SE24.5297	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1016.43			
Full Name (Last, First, Middle, Initial) of Payee III Dept III Dept of Revenue		Date M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7	
Mailing Address POB 19030		Amount 213.58	
City Springfield State IL Zip Code 62797-9030		Transaction ID: SE24.5299	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1230.01			
(a) SUBTOTAL of Itemized Independent Expenditures		237.92	
(b) SUBTOTAL of Unitemized Independent Expenditures		168.75	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed	FEC IDENTIFICATION NUMBER ▼ C C00422519
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee

Kinkos,Inc Kinko's

Mailing Address

2518 Green Bay Rd

City

Evanston

State

IL

Zip Code

60201

Purpose of Expenditure

Category/
Type

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election
for Office Sought

7347.10

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	7	

Amount

148.54

Transaction ID: SE24.5343

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ Presidential

Check One:

☒

Support

☐

Oppose

Disbursement For:

☐

Primary

☐

General

☐ Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee

Kinkos,Inc Kinko's

Mailing Address

2518 Green Bay Rd

City

Evanston

State

IL

Zip Code

60201

Purpose of Expenditure

Category/
Type

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election
for Office Sought

7533.70

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	7	

Amount

14.65

Transaction ID: SE24.5348

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ Presidential

Check One:

☒

Support

☐

Oppose

Disbursement For:

☐

Primary

☐

General

☐ Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures

163.19

(b) SUBTOTAL of Unitemized Independent Expenditures

168.75

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Master Card Master Card		Date M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7	
Mailing Address Box 6000		Amount 51.95	
City State Zip Code The Lakes NY 89163		Transaction ID: SE24.5345	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 7399.05			
Full Name (Last, First, Middle, Initial) of Payee Mikva Mikva Challenge		Date M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7	
Mailing Address 25 E. Washington;#703		Amount 250.00	
City State Zip Code Chicago IL 60602		Transaction ID: SE24.5313	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3326.39			
(a) SUBTOTAL of Itemized Independent Expenditures		301.95	
(b) SUBTOTAL of Unitemized Independent Expenditures		168.75	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Morning Morning Glory		Date M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7	
Mailing Address 1135 Central		Amount 70.20	
City State Zip Code Wilmette IL 60091		Transaction ID: SE24.5314	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3396.59			
Full Name (Last, First, Middle, Initial) of Payee Quill,Inc Quill,Inc		Date M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7	
Mailing Address POB 94081		Amount 79.84	
City State Zip Code Palatine IL 60094		Transaction ID: SE24.5340	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 7060.71			
(a) SUBTOTAL of Itemized Independent Expenditures		150.04	
(b) SUBTOTAL of Unitemized Independent Expenditures		168.75	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee R.H. Donnelly		Date M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 7	
Mailing Address 200 E. Randolph St		Amount 98.32	
City State Zip Code Chicago IL 60601		Transaction ID: SE24.5303	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2799.50			
Full Name (Last, First, Middle, Initial) of Payee R.H. Donnelly		Date M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7	
Mailing Address 200 E. Randolph St		Amount 49.00	
City State Zip Code Chicago IL 60601		Transaction ID: SE24.5329	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 6123.62			
(a) SUBTOTAL of Itemized Independent Expenditures		147.32	
(b) SUBTOTAL of Unitemized Independent Expenditures		168.75	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee R.H. Donnelly		Date M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7	
Mailing Address 200 E. Randolph St		Amount 49.00	
City State Zip Code Chicago IL 60601		Transaction ID: SE24.5338	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 6581.87			
Full Name (Last, First, Middle, Initial) of Payee Renaissance Renaissance N.S. Hotel		Date M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7	
Mailing Address 933 Skokie Blvd		Amount 1000.00	
City State Zip Code Northbrook IL 60062		Transaction ID: SE24.5302	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2701.18			
(a) SUBTOTAL of Itemized Independent Expenditures		1049.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		168.75	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Teranet Teranet Consulting		Date M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7	
Mailing Address POB 6151		Amount 150.00	
City State Zip Code Lindenhurst IL 60046		Transaction ID: SE24.5356	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8511.48			
Full Name (Last, First, Middle, Initial) of Payee US U.S. Treasury		Date M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7	
Mailing Address POB 70503		Amount 493.34	
City State Zip Code Charlotte NC 28201-0503		Transaction ID: SE24.5295	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 992.09			
(a) SUBTOTAL of Itemized Independent Expenditures		643.34	
(b) SUBTOTAL of Unitemized Independent Expenditures		168.75	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee C/C Wilmette Cham/Comm		Date M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 7	
Mailing Address 1150 Wilmette Ave		Amount 60.00	
City State Zip Code Wilmette IL 60091		Transaction ID: SE24.5353	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8128.98			
Full Name (Last, First, Middle, Initial) of Payee WCM Winnetka Community House		Date M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 7	
Mailing Address 620 Lincoln		Amount 375.00	
City State Zip Code Winnetka IL 60093		Transaction ID: SE24.5350	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8068.98			
(a) SUBTOTAL of Itemized Independent Expenditures		435.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		168.75	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 7	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Winnetka Graphics		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7</div> </div>	
Mailing Address 1858 Techny		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.50</div>	
City State Zip Code Northbrook IL 60062		Transaction ID: SE24.5334	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">6532.87</div>			
Full Name (Last, First, Middle, Initial) of Payee Winnetka Graphics		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7</div> </div>	
Mailing Address 1858 Techny		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">102.00</div>	
City State Zip Code Northbrook IL 60062		Transaction ID: SE24.5341	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">7162.71</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">247.50</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">168.75</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 7</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Winnetka Post Office		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7</div> </div>	
Mailing Address 512 Chestnut		Amount <div style="text-align: right;">471.17</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Winnetka</div> <div>State IL</div> <div>Zip Code 60093</div> </div>		Transaction ID: SE24.5301	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="text-align: right;">1701.18</div>	
Full Name (Last, First, Middle, Initial) of Payee Winnetka Post Office		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7</div> </div>	
Mailing Address 512 Chestnut		Amount <div style="text-align: right;">399.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Winnetka</div> <div>State IL</div> <div>Zip Code 60093</div> </div>		Transaction ID: SE24.5339	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="text-align: right;">6980.87</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		870.17	
(b) SUBTOTAL of Unitemized Independent Expenditures		168.75	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 7</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER ▼ C C00422519	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Winnetka Post Office		Date M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7	
Mailing Address 512 Chestnut		Amount 120.00	
City State Zip Code Winnetka IL 60093		Transaction ID: SE24.5347	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 7519.05			
Full Name (Last, First, Middle, Initial) of Payee Winnetka Post Office		Date M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7	
Mailing Address 512 Chestnut		Amount 82.50	
City State Zip Code Winnetka IL 60093		Transaction ID: SE24.5352	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8211.48			
(a) SUBTOTAL of Itemized Independent Expenditures		202.50	
(b) SUBTOTAL of Unitemized Independent Expenditures		168.75	
(c) TOTAL Independent Expenditures		8511.48	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 7	